

# Highlighting the Invisible Work of Emergency Nurse Practitioners

Matthew Lutze, MN, NP, Margaret Fry, PhD, NP,  
Glenda Mullen, Grad Cert Paed Crit Care, NP, Jane O'Connell, PhD, NP, and  
Danielle Coates, MN, NP

## ABSTRACT

This study sought to quantify and qualify the hidden work practices of emergency nurse practitioners (ENPs). A prospective multicenter study design was employed using 12 ENPs across 4 hospital emergency departments (ED) in Sydney, Australia. Using a Delphi technique, an electronic medical record template was developed to capture the hidden activities of ENPs defined as secondary consultations. Approximately one-quarter of ENP consultations are spent providing expertise to other ED clinicians. ED re-presentation rates are lower when an ENP provides a secondary consultation. This study highlights the invisible and valuable work of ENP contribution to emergency care.

**Keywords:** Delphi studies, emergency nursing, medical audits, medical informatics, nurse practitioners, referral and consultation

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## INTRODUCTION

Internationally, emergency nurse practitioner (ENP) models of care have demonstrated safety, effectiveness, and quality-of-care outcomes.<sup>1-5</sup> However, the Australian ENP contribution to the delivery and value of health services has yet to be determined.<sup>6</sup> Previous Australian ENP studies have focused on defining clinical practice activities<sup>7,8</sup> with some drawing direct comparisons with medical practitioners to determine efficiency and safety.<sup>8</sup> Other studies have focussed on patient satisfaction.<sup>8</sup>

Many studies<sup>7,9</sup> and systematic reviews<sup>5,10</sup> have evaluated the role of the ENP as the responsible treating clinician (primary consultations) with respect to accuracy, timeliness of care, and patient outcomes. However, these studies have not captured the invisible clinical, procedural, or service support activities (secondary consultations) in addition to the ENPs primary consulting role. The value of facilitating care through ENP secondary consultations and clinical support is currently invisible and largely unknown.

Recent research describing ENP practice was published detailing the role, function, and practice standards for Australian ENPs.<sup>7,11,12</sup> Three clinical modes of practice were identified that reflected the nature of ENP functionality. An overarching dimension spanning these modes was the collaborative practice and consulting role of the ENP.

Traditional tracking and reporting of ENP practice has focused on ENP primary patient consultation activities. Reporting has predominantly been driven by quality metrics such as key performance indicators specific to the emergency department (ED; Emergency Treatment Performance) and National Emergency Access Target.<sup>13</sup> However, these quality metrics do not capture all elements of ENP practice, particularly the secondary consultations.

Although secondary consulting and collaborative practices are not captured, there is an expectation that nurse practitioners (NPs) will practice in this manner as evidenced by the Nurse Practitioner Standards for Practice.<sup>14</sup> Further, according to the Clinical Practice Standards, ENPs are also required to demonstrate collaborative and consultation

practices.<sup>11</sup> O’Connell<sup>11</sup> describes ENPs as working within a collaborative environment, yet the manner in which ENPs act as an expert resource within the clinical setting remains unclear.

Across Australia, secondary ENP consultations have never been captured or quantified, and therefore this domain of practice continues to remain invisible. Highlighting the invisible work of ENPs is important to fully demonstrate the value and contribution of the ENP role.<sup>6</sup>

Therefore, the primary aim of the study was to develop an electronic tool that could quantify and qualify the collaborative and secondary clinical consultation practice patterns of the ENP. In this way, the hidden work of ENPs could be made visible and measured.

## METHODS

This was a prospective multicenter study design. The study was conducted between July 1, 2016 and September 30, 2016.

### Site

The setting was 4 hospitals across metropolitan Sydney, New South Wales, Australia. The study sites comprised 3 tertiary referral EDs and 1 metropolitan district hospital. Of the 3 tertiary sites, 1 was a mixed adult and pediatric, 1 was adults only, and 1 was a pediatric centre. The metropolitan district ED was a mixed unit with both adult and pediatric patients. All sites shared a common electronic medical record (EMR) platform.

### Sample

The sample consisted of endorsed ENPs and transitional emergency NPs (TENPs; master’s students progressing toward NP endorsement), working in EDs in 2 local health districts. All sites employed at least 2 ENPs/TENPs. The sample group will be collectively referred to as ENPs. The ENPs are primarily based within a fast-track model of care, and their scope of practice typically focuses on managing patients with non-life-threatening conditions or illnesses. Across Australia, emergency medical practitioners include interns, residents, registrars, and physicians. During the

study, ENPs represented 2%–3% of the ED autonomous practitioner workforce.

### ENP Data Consultation Tool

An electronic ENP data consultation form was used as a tool to capture secondary consultations (direct and indirect patient contact). For this study, primary consultations were defined as a consultation conducted by the ENP whereby he or she was the treating practitioner for that patient. Secondary consultations were defined as work, support, or expertise given by the ENP where he or she was not the responsible treating practitioner.

The electronic ENP consultation template was developed using a Delphi technique. The methods and results have been published elsewhere.<sup>15</sup> The consultation categories and subelements were developed into a single screen, multifunction EMR template. The consultation template captured both direct (patient contact) and indirect (staff advice) ENP activity. The template was then developed to interface with the ED EMR platform (Cerner-FirstNet).

Before commencement of the study, a 1-hour training session was provided to the 12 participants by the lead researcher. The session included definitions of consultation type (primary/secondary), definitions of the categories, elements, documentation requirements, coding for diagnostic groups, and timing of episodes. A 1-month lead-in period was implemented to enable induction of the template into daily practice.

A survey of the participating ENPs was conducted to capture the utility and functionality of the electronic consultation medical record template. The survey comprised 8 questions, and the response rate was 100% (n = 12). All ENPs reported ease of use in accessing (agreed n = 2; 17%; strongly agreed n = 10; 83%) and navigating (agreed n = 3; 25%; strongly agreed n = 9; 75%) the EMR consultation template. Half the ENPs (n = 6; 50%) perceived that they spent less than 30 seconds on reporting their secondary consultations. The majority (n = 11, 92%) of ENPs reported that the template captured their secondary consultation practices. The average time for an ENP to complete the EMR template was 38 seconds (SD 48.0 seconds).

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